

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90131 003 \*\*\*550.00

**DOCUMENT # P95000004813**

1. Entity Name  
**WHITE CLOUD, INC.**

Principal Place of Business  
**323 S. GLEN ARVEN AVE.  
 TEMPLE TERRACE FL 33617**

Mailing Address  
**323 S. GLEN ARVEN AVE.  
 TEMPLE TERRACE FL 33617**

2. Principal Place of Business  
**10913 U.S. 92 EAST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**10913 U.S. 92 EAST**  
 Suite, Apt. #, etc.

City & State  
**SEFFNER, FLORIDA**  
 Zip  
**33584**  
 Country  
**USA**

City & State  
**SEFFNER, FLORIDA**  
 Zip  
**33584**  
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**USA**

4. FEI Number  
**65-0562675**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**PHILLIPS, R. PATRICK ESQ.  
 200 N. THORNTON AVE.  
 ORLANDO FL 32801**

## 7. Name and Address of New Registered Agent

Name **Bruce DUNCAN**  
 Street Address (P.O. Box Numbers Not Acceptable)  
**10909 U.S. 92**  
 City **Seffner** FL **33584**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Bruce Duncan**

**07-22-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

☒ This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
 NAME **JOINER, JAMES A**  
 STREET ADDRESS **323 S. GLEN ARVEN AVE.**  
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **D** ☐ Delete  
 NAME **DUNCAN, BRUCE E**  
 STREET ADDRESS **10913 U.S. 92 EAST**  
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT/D** ☒ Change ☐ Addition  
 NAME **BRUCE DUNCAN**  
 STREET ADDRESS **10913 U.S. 92 EAST**  
 CITY-ST-ZIP **SEFFNER, FLORIDA 33584**

TITLE **SECRETARY/D** ☐ Change ☒ Addition  
 NAME **PAUL E. JONES**  
 STREET ADDRESS **3112 24TH STREET S.E.**  
 CITY-ST-ZIP **AUSKIN, FLORIDA 33570**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Bruce Duncan**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07-22-02 8136849547**  
 Date Daytime Phone #

CR2E034 (9/01)